

# FUNDRAISER REQUEST FORM

ORGANIZATION: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

DATE(S) OF ACTIVITY: \_\_\_\_\_

STUDENT LEADER: \_\_\_\_\_

ADVISOR: \_\_\_\_\_

TYPE OF FUNDRAISER: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PRICE OF ADMISSION/FUNDRAISER ITEM: \_\_\_\_\_

PROCEEDS TO BE USED FOR: \_\_\_\_\_

\_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HAVE YOU NOTIFIED EVERYONE INVOLVED AND/OR EFFECTED BY THIS EVENT?      YES      NO  
(THIS INCLUDES, BUT IS NOT LIMITED TO: KITCHEN STAFF, HOMEROOM TEACHERS, OFFICE STAFF.)

IF MATERIALS WILL BE PURCHASED HAVE THE NECESSARY REQUISITIONS BEEN FILLED OUT AND  
ATTACHED?      YES      NO

ADVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

- DATE OK
- ITEM OK (YOU WILL BE NOTIFIED IF SOMEONE ELSE HAS REQUESTED TO DO THE SAME THING.)
- EVENT APPROVED      DATE OF APPROVAL AND RETURN: \_\_\_\_\_

**RETURN THIS FORM TO DR. RAUSCHER AT LEAST ONE WEEK PRIOR TO THE FUNDRAISER'S DATE.**

(Revised 7/16/14)